



Annual Facility Assessment Summary and Goals Form

This form is to help you collect the information necessary to establish your facility's baseline, develop your H2E goals and track your successes.

Establish a baseline — The first step to measuring annual progress at your facility is to conduct a baseline assessment, especially important is understanding your waste streams in terms of volume and cost. The H2E Self-Assessment Guide, available at www.h2e-online.org, can help you in this process. For H2E tracking purposes, your baseline year should be 1998 or later.

Record annual progress — Use this same form to track your facility's annual waste data. This form will also help you identify and track goals for your facility. For questions or assistance, please contact us at 800-727-4179.

SECTION 1: CONTACT INFORMATION

Organization Name:

Date:

Contact Name:

Title:

Address:

City:

State:

Zip:

Phone:

Fax:

E-mail:

SECTION 2: FACILITY INFORMATION

	Facility Type Total	
In-Patient/Hospital		Adjusted Patient Days per Month*
		# Beds
Ambulatory Care/Outpatient Clinics		# Outpatient Visits
Long Term Care		# Beds
Total FTEs		# Staff

*Adjusted Patient Days = Total Patient Days x (Total Patient Revenue (Inpatient+Outpatient)/Inpatient Revenue)

SECTION 3: FACILITY WASTE ASSESSMENT SUMMARY

Baseline Year:

Current Year: _____

(If the current year is your baseline year, then only complete the baseline column.)

	Waste Management Category Tons/Year Percent of Total Waste Annual Costs	Baseline 2002 Baseline 2002 Baseline 2002
Solid Waste		

Recycling/Reuse

Regulated Medical Waste

Hazardous Waste

Total

100
100

SECTION 4: MERCURY ASSESSMENT

For information on how to evaluate mercury use and implement activities to eliminate mercury from your facility's waste stream, download the H2E Self-Assessment Guide at www.h2e-online.org. See Sections 5A and B in the Guide.

Is your facility virtually mercury free?

- ☐ Yes
☐ No

Has your facility:

Conducted a facility inventory of mercury containing devices and chemicals?

- ☐ Yes
☐ No

Implemented a mercury-free purchasing policy?

- ☐ Yes
☐ No

Eliminated mercury-containing patient care devices?

(e.g., thermometers, sphygmomanometers, bougies, dilators)

- ☐ Yes
☐ No

Please highlight efforts to eliminate mercury from your facility to date.

SECTION 5: ENVIRONMENTAL POLICIES

Please indicate if your facility has any of the following policies. If no, you might consider implementing these policies.

Facility Environmental Commitment Statement

- ☐ Yes
☐ No

Comprehensive Waste Management

- ☐ Yes
☐ No

Mercury Management/Elimination

- ☐ Yes
☐ No

Environmentally Preferable Purchasing

- ☐ Yes

☐ No

Please submit this form within 3 months of becoming an H2E Partner or with your Awards Application, whichever comes first. Please consider completing form online at www.h2e-online.org

Please list your facility's goals below and describe any activities, including source reduction, mercury elimination, recycling, reuse, donation, and other pollution prevention efforts that your facility will implement to achieve these goals. For more information, consult "How to Develop Your H2E Goals" on the H2E Web site located at www.h2e-online.org.

Goal 1:

Goal 2:

Goal 3:

Goal 4:

Goal 5:

Mail or fax this form to:

Hospitals for a Healthy Environment • 1755 S Street NW, Suite 6B • Washington, DC 20009
Phone: 800-727-4179 • Fax: 202-234-9121